D. Assure that program regulations and instructions, including detailed billing procedures, are issued to the Health Program Office and the Social and Economic Services Program Office for distribution to the local CHU's and local SES units.

E. Serve as the liaison between the Health Program Office, Social and Economic Services Program Office and ASCM regarding computer involvement in the operation of the program.

F. Assure that SDC provides training, as needed, to the CHU staff on billing procedures for screening services.

G. Coordinate the development of procedures, jointly with the Health Program Office and the Social and Economic Services Program Office, for a Letter of Understanding, which is to be submitted jointly by the local CHU and the local SES Office(s), indicating the procedures for fulfilling the requirements of this agreement.

IV. The Social and Economic Services Program Office will:

A. Assure that parents, guardians, and/or eligible individuals are informed of the availability of initial and periodic screening services, are counseled on the benefits of screening and follow-up diagnostic and treatment services, and that arrangements are made for eligible individuals to receive these services when requested.

B. Assure that eligible individuals are informed of the availability of collateral social services such as transportation, and that such services are provided or arranged for when requested.

C. Assure that the recipient eligibility file is accurate and up-to-date.

D. Assure that eligibles have been issued a valid Medicaid I.D. card.

This agreement by and between the Medical Services Office, the Health Program Office, and the Social and Economic Services Program Office of the Department of Health and Rehabilitative Services, is effective when signed and shall continue in full force and effect until otherwise revised in writing and signed by all three parties or cancelled by any one of the three parties upon written notice of at least thirty (30) days prior to proposed termination date. This agreement is to be reviewed jointly at least annually by all three offices.

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SIGNATURES:

Walter B. Conwell
Program Administrator for
Medical Services

May 18, 1979.
Date

E. C. Prather, M.D.
Program Staff Director for
Health Program Office

May 25, 1979
Date

James Drake
Acting Program Staff Director for
Social and Economic Services
Program Office

5/25/79
Date

APPROVED BY:

Phyllis Roe
Assistant Secretary
for Operations

6/4/79
Date

Abe Lavine
Assistant Secretary
for Program Planning and Development

6/4/79
Date

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#4

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
SOCIAL AND ECONOMIC SERVICES PROGRAM, THE MEDICAID PROGRAM,
THE MENTAL HEALTH PROGRAM,
THE AGING AND ADULT SERVICES PROGRAM,
AND THE ASSISTANT SECRETARY FOR OPERATIONS
FOR
MEDICAID SERVICES TO PATIENTS IN MEDICAID FACILITIES WHICH ARE
PROVIDERS OF INPATIENT PSYCHIATRIC SERVICES FOR PATIENTS
65 YEARS OF AGE AND OLDER
AND
21 YEARS OF AGE AND UNDER

The Office of the Deputy Assistant Secretary for Medicaid is designated as the administering office for the Title XIX (Medicaid) Program in the State of Florida; the Social and Economic Services Program has responsibility for the Medicaid eligibility determinations for individuals in the Institutional Care Programs; the Mental Health Program has statutory responsibility for statewide supervision of the administration of the Mental Health Services Programs, including the Baker Act; and the Aging and Adult Services Program has statutory authority for the administration of the Community Care Programs for the Elderly, age 60 and older. Therefore, these programs, in the interest of coordinating services and pooling resources to better serve the Medicaid patients age 65 years of age and older, and those patients age 21 years of age and younger, who are in need of inpatient psychiatric services in a State Mental Health Hospital, or other eligible provider of these services, agree to the following:

I. The Mental Health Program will supervise the administration and coordination of activities related to Mental Health programs within the State Mental Hospitals, other inpatient psychiatric facilities, and community based programs.

II. The appropriate District will administer the activities of the State owned Mental Health Facility located in its area of responsibility.

A. The District will provide such psychiatric, medical and related staff as will be needed to enable that office and the institution to carry out the specific responsibilities encompassed in this agreement.

B. The hospital will provide an initial medical, psychiatric, and social evaluation for patients being admitted to the hosptial before admission or authorization for payment which will be recorded in the patient's hospital file. For those patients who appear to be eligible for Medicaid Vendor Payment, a prompt referral will be made to the Medicaid eligibility staff.

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1. Those clients who appear to be eligible for Supplemental Security Income (SSI), i.e., those individuals with monthly income of less than $45, a prompt referral will be made to the Social Security Administration by the facility, and those persons whose income is over $45 will be referred to the Medicaid eligibility staff for determination of eligibility.

2. The facility will notify the Medicaid eligibility worker within twenty-four (24) hours after the individual leaves the Medicaid bed for reasons of medical hosptialization, trial visits, change in level of care, discharge, or other related reason.

C. Since the State Mental Health Hospitals participate in the Medicare Program under Title XVIII, Medicaid reimbursement will be made by applying the same standards, cost reporting period, cost reimbursement principles, and the method of cost apportionment currently applicable to the hospitals, as set forth in the regulations (HIR-4 12/68) except for adaptations permitted and stated in this agreement.

1. The reimbursement will be made on the basis of an interim payment plan in the form of a per diem cost rate, plus a percentage allowance for the year in lieu of retroactive payment adjustment. However, if there has been a payment in excess of reasonable costs during the fiscal year, the hospital will refund the excess payment; in the event the hospital did not receive its audited reasonable costs in the year prior to the current year, the hospital may deduct from the refund the immediate prior year deficiency.

2. The percentage allowed in lieu of a retroactive adjustment on the part of the state is established in accordance with Florida's Title XIX State Plan. The percentage can be added to the per diem rate, but could conceivably be deducted under certain circumstances.

3. For cost reporting purposes, the program will require submission of "Hospital State of Reimbursable Cost Reports" covering recipients of the medical programs, Title XIX based upon accounting year. Social Security forms 1562 and 1563 will be used as applicable. A new per diem rate will depend upon the timely submission by the appropriate District of their Hospital Statement of Reimbursable Cost Report.

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4. To assure uniformity in the determination of cost according to the payment formula, the Department shall make surveys, examinations, or audits of the financial records as are deemed necessary.

5. Included in the per diem are dietary services to patients, administrative expenses, general services and expenses, professional care other than medical, surgical and dental, capital outlay depreciation, (provided depreciation procedures are approved by the Department of Health, Education and Welfare), housing and other care of patients, productive service and maintenance. Such costs will not include the cost of personal incidentals or additional clothing not provided by the institution.

6. Any Third Party payments received by the facility as payment for care for a Medicaid patient will be refunded to the Department. The Department will distribute such reimbursement to the Federal agency and to the Operation and Maintenance Trust Fund in accordance with the prescribed formula.

D. Provision of all necessary in-patient social services is recognized as the responsibility of the hospital, who will provide appropriate cooperative services in behalf of recipient patients in these areas:

1. Provision of social history material on patients known to the Department who are being admitted, to assist in diagnosis and treatment plans.

2. Encourage the development and maintenance of family relationships, of home and possessions, of community interest and ties of the patient, by contact with the family and appropriate community contacts. This would involve, in some instances, location and use of suitable guardians when necessary and work with the courts for the appointing of such guardians.

3. When indicated, provide assistance in planning for and returning the patient to his own home or to other alternate care.

4. Referrals for follow-up services to provide suitable living arrangement in alternate care, plans for medical care, use of family and community resources in adjustment and rehabilitation of patients in the community, and transportation planning when a patient must be moved or be returned to the hospital.

5. For those patients determined eligible for Medicaid, the staff of the individual hospital will assess the

need, and plan for designation of responsibility for provision of services which will be required by the patient in order to maintain him at, or restore him to, the greatest possible degree of health and independent functioning.

E. Periodically, at intervals not to exceed three (3) months, there will be a joint consultation by appropriate hospital staff, and the Medical Review Team to assess the patient's current condition, progress, and needs, the effectiveness of services provided and the modifications necessary to meet his continuing needs, either through care in the institution or alternate plans. This continuing inter-agency consultation regarding the patient's needs will provide opportunity for joint evaluation as to when release of the patient should be considered, and the type of care he will need.

F. Utilization Review must be performed for each facility furnishing inpatient services according to 42 CFR 456.200. This function should be performed by the appropriate utilization review committee.

G. At least annually, all persons in the State Mental Health Hospitals under Title XIX (Medicaid) of the Social Security Act are to be evaluated as to their continued need of care in an inpatient psychiatric facility by a Medical Review Team from the District Medical Services Unit or the appropriate PSRO. The team for this evaluation is to include at least a psychiatrist or physician knowledgeable about inpatient-psychiatric facilities, and other appropriate mental health or social service personnel.

H. The Medical Review Team is to inspect the care and services provided by the facility at least annually. When PSRO's assume these responsibilities, all procedures will be in accordance with PSRO regulations.

I. Hospitals will maintain records which will reflect the patient's medical and social needs and the plan of services for meeting these, both at the time of the original assessment and at the time of re-evaluation.

J. The recipient's records will include a social study of the patient, his current personal and social needs, and the plan of services obtained through joint planning by the hospital staff for the meeting of these needs.

K. Each District that administers the activities of State owned Mental Health Facilities will provide all administrative and fiscal reports deemed necessary by the Medicaid Program for administration of its programs

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and for completing such reports as are required by the United States Department of Health, Education and Welfare.

L. Each District that administers the activities of State owned Mental Health Facilities will transfer to the Medicaid Program, subject to approval by the State Department of Adminstration, such funds as deemed mandatory in order to implement the provisions set forth in this agreement and to conform with the Federal and State requirements for the administration of the Medicaid Program for payment of eligible persons 65 years of age or older, and 21 years of age and younger, in hospitals for mental diseases.

M. Release Planning

1. The Mental Health Hospitals agree to request that an application for Supplemental Security Income (SSI) be taken by the Social Security Administration for those patients who appear to be in need of financial assistance to return to the community.

2. Release planning for the individual who needs nursing home care should include a referral to the District HRS eligibility staff for an application for long term care in a nursing home. This would allow sufficient time for a disability decision and a prior level of care determination.

3. The Mental Health Hospitals agree to notify the Aging and Adult Services Program of plans to release such patients who have been recommended for alternate care planning, allowing time for a sound determination of eligibility and for completion of appropriate plans for placement of the patient.

4. Special consideration in the selection of the kind of care recommended for all patients referred whether for nursing home (skilled or intermediate), foster home, home for the aged, boarding home, Adult Congregate Living Facility, home with relatives, will be provided. Pertinent medical and social information about the patients referred will be provided either by letter or on a form devised for the purpose which will set forth clearly the individual needs of the patient and any medical follow-up care recommended. When circumstances permit, the hospital will give permission to foster families or other caregivers to visit the patients or for patients to visit the prospective home prior to placement in order

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to become acquainted and to discuss the appropriate aspects of the placement.

5. The hospitals will participate in planning with the appropriate community based service provider for continuity of needed medical care for patients on medication who are leaving the hospital by providing medicines to such patients in a supply to last thirty (30) days when this responsibility will be transferred locally.

6. The Mental Health Program staff located in the District in which the patient is placed will be responsible in monitoring the service continuity for that patient until he is released from that program.

7. Transportation for patients leaving the hospital for a nursing home, foster home, home for the aged, boarding home, Adult Congregate Living Facility, independent living situation or with a relative, may be provided by foster family, relatives or other caregivers when such a plan can be arranged. If such a plan cannot be arranged, the hospital will transport the patient to the home.

8. Involuntary patients being released to nursing homes will be placed on convalescent status by the hospital. Such status will be effective for the remaining part of this authorized treatment period. Voluntary patients will be discharged upon release from the hospital.

9. Should it become necessary, a patient may be returned without court preceedings to the hosptial at any time during the time he is on convalescent status. If local arrangement or planning with family of the sheriff's office for transporting a patient from a nursing home, foster home, home for the aged, boarding home, Adult Congregate Living Facility, back to the Receiving Facility/Hospital cannot be made, it will be the responsibility of the State Mental Health Hospital to provide this transportation.

10. Should it become necessary to return the patient on convalescent status to the hospital, the patient must have an evaluation through a local designated receiving facility. If the receiving facililty recommends care in the treatment facility, the receiving facility staff will explore all available resources to provide transportation to the hospital. If a plan cannot be made, the State Mental Health Hospital will arrange for transportation. The hospital will be notified and a full report on the circumstances around the patient's relapse will be sent immediately to the hospital to aid in the hospital's plan for his treatment.

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N. The Mental Health Program has a responsibility for identifying the types of alternate care which would contribute to the patient's continuing progress and adjustment outside the hospital.

O. The Mental Health Program has the responsibility for acting in an advisory capacity to local communities for the development of the following:

1. In-patient care

2. Out-patient care

3. Twenty-four (24) hour emergency care

4. Partial hospitalization, in day or night care, as a part of specific treatment plans

5. Education programs and consultation with community authorities.

III. The Medicaid Program will assure that reimbursement will be made to the Operation and Maintenance Trust Fund for reimbursement of inpatient psychiatric services for those Medicaid eligibiles who are age 65 and over, or age 21 and under in a State Mental Health Hospital.

A. The Medicaid Program will assure that program regulations and instructions, including detailed billing procedures, are issued to the District Program Office and appropriate inpatient psychiatric facilities, and District staff responsible for Institutional Billing.

B. The Medicaid Program will serve as the liaison between the District, the Mental Health Program, Social and Economic Services Program, Aging and Adult Program and Contract Management regarding computer involvement in the Medicaid Program for inpatient psychiatric services for those Medicaid eligibles 65 years of age and over and 21 years of age and younger.

C. The Medicaid Program will assure that the fiscal contractor for Medicaid payments provides training, as needed, to the Mental Health Program and State Mental Health Hospital staff on billing procedures for inpatient psychiatric services for those 65 years of age and over and 21 years of age and under.

D. The Medicaid Program will assure that vendor payments will be made to the Mental Health Program for each patient 65 years of age and over and 21 years of age and younger, who is determined to meet eligibility requirements for this service by the HRS Medicaid Eligibility Worker.

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E. Medicaid payments are to be based on the actual operating cost of each individual hospital subject to required adjustments.

F. Medicaid vendor payments will be made monthly.

G. The Medicaid Program will pay the insurance premium for participation in Medicare for all Medicaid eligible participants.

IV. The Social and Economic Services Program has responsibility for policy and procedures used for determination of Medicaid eligibility for the Institutional Care Programs.

A. For each individual for whom Medicaid eligibility is determined for the Inpatient Psychiatric Program for those 65 years of age and over and 21 years of age and under, a case file will be kept by the HRS Medicaid Eligibility Worker. This file will include information on all eligibility factors including an evaluation of the patient's financial resources and the use that will be made of these resources in meeting his needs.

B. The HRS Medicaid Eligibility Worker will complete the eligibility study and provide the hospital with pertinent information on eligibility for these Medicaid programs.

C. At least annually, the HRS Medicaid eligibility staff will complete a redetermination of eligibility for the Medicaid benefits for all patients receiving asistance under one of the Institutional Care Programs.

V. The Aging and Adult Services Program will provide such staff as needed to provide the services outlined in this agreement.

A. Patients referred for alternate care planning who are eligible for Title XX services in the Adult Services Program will be given services to enable them to be placed in an appropriate living arrangement as recommended by the hospital.

B. The Aging and Adult Services Program will only assume responsibility for placement of patients in communities where medical care follow-up can be arranged.

C. The Aging and Adult Services Program will make placement plans for suitable living arrangements as recommended by the hospital, arrange a plan for continuing medical care and provide follow-up services to help the patient adjust in the home, and in the community and to make use of all available community resources to effect the rehabilitation of the patient as needed. 11-26-79 MED-74-63 11-15-79

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